"Make Choices Today for a Healthier Tomorrow"

Southern Kings Health

8th Annual Report

2001-2002

Strengthening Families, Individuals and Communities

Table of Contents

Southern Kings Health Regional Overview 2

Chairman's Report 4

Chief Executive Officer's Report 6

Medical Director's Report 10

Organizational Chart 11

Long-term Service Awards 12

Make Choices Today for a Healthier Tomorrow 13

Residential Services 15
- Kings County Memorial Hospital 15
- Riverview Manor 18

Community Services 20
- Community Health Centre 21
- Child Protection Team 24
- Financial Assistance Team 26
- Home Care and Support 29
- Housing Services 32

Kings County Addiction Services 34

Financial Statements 36

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Southern Kings Health Regional Overview

Southern Kings Health Region was formed in October of 1993 by the *Health and Community Services Act*. A volunteer board governs the Southern Kings Health Region. The Regional Board includes a combination of elected and appointed members, accountable to the Minister of Health and Social Services. The Southern Kings Health Board is responsible for setting and monitoring the policies that guide the organization. It must ensure all services delivered are accessible and adequate by having these services delivered at the local level. It must seek to match the services to needs of local residents in the region and it must seek advice of residents on their needs and the effectiveness of services and programs.

Mission

The mission of Southern Kings Health is to:

> "Support our Island community's efforts to promote, protect and enhance the physical, social, emotional, intellectual and spiritual well-being of our population, within the resources available in the community with focussed attention to the health needs of the people of Southern Kings."

The core health services managed by the Southern Kings Health Board include Kings County Memorial Hospital, Riverview Manor, Seniors and Family Housing, Home Care and Support, Child and Family Services, and the Community Health Centre. The Community Health Centre includes the following professional services: public health nursing; nutrition, mental health; occupational therapy; physiotherapy; addictions; speech pathology; and social work.

The Southern Kings Health Board consists of members who are a committed group of individuals who offer expertise through their experiences as community representatives, occupational backgrounds, and community involvement.
Representatives include:

Chair—Michael Gallant (Georgetown)
Mr. Gallant works with PEI Parks East. He is active in community organizations, locally and provincially. He is also the Mayor of Georgetown.

Vice-chair—David White (Montague)
Mr. White is currently Captain of the vessel "Confederation" and has been employed by Northumberland Ferries Limited for thirty-eight years. David is an active member of the community and volunteers with the Heart and Stroke Foundation.

Board Member—Tom Carver (Alliston)
Mr. Carver is a private business person. He is owner of Thomas M. Carver Ltd. which is a trucking and construction business.

Board Member—Thelma MacLeod (Orwell)
Ms. MacLeod, now retired, worked for many years as a head nurse of the in-patient unit at Kings County Memorial Hospital. She serves on the Board of Directors of Orwell Corner Pioneer Village and is co-director of the Junior Volunteer Program.

Board Member—June Glover (Murray Harbour)
Ms. Glover, now retired, worked in various accounting and administration positions in Prince Edward Island and Toronto, Ontario. In 1997 she received the CIBC's Achievers Award for Top Performers. She also serves as a member of the Employment Standards Board and is a volunteer with the Northumberland Community Development Corporation.

Board Member—Sherry Kascmarik (Glenwilliam)
Ms. Kascmarik is a private business person and sole owner of S.K.Bookkeeping Services. She is past treasurer of the Eastern Eagles Soccer Association and former chair of St. Mary's Parish Council.

Board Member—Sandra Myers (Martinvale)
Ms. Myers has worked primarily in the private sector, as owner and operator of her own business. She is active in countless community organizations.

Southern Kings Health Region is located within Kings County, Prince Edward Island. The health region is responsible for the delivery of health services to approximately 14,800 residents. Centrally located in the region is the town of Montague, which is surrounded by smaller communities such as Vernon River, Belfast, Georgetown, Cardigan, Murray Harbour, Murray River, Peakes and St.Teresa.

Chairman's Report

On behalf of the Southern Kings Health Board it is my duty to present the final Southern Kings Health Annual Report for 2001-2002.

For the past several months the Southern Kings Health Board and the Eastern Kings Health Board have come together during their monthly meetings to plan for the amalgamation of the new Kings Health Region. A combination of elected and appointed members from the area will form the new board.

It will be the new Kings Health Region's responsibility to ensure that residents of the new region will continue to have access to quality health and social services to meet community health and primary health care needs, both locally and provincially.

The new Kings Health Region will be working hard to integrate as a region, in a fluid environment with potential for opportunities and challenges, both from within and without, that will impact on services offered by the region. The current climate involves the Roy Romanow Report on the Future of Health Care in this country, anticipated for this fall. As well the Prince Edward Island health system is in the early stages of implementing the Health System Strategic Plan. This plan includes a strong emphasis on primary care. A continuing challenge facing Prince Edward Island and the new region is the nationwide shortage of key health professionals including nurses, pharmacists and physicians. The incredible pace of technological change improves services we offer but requires considerable staff involvement to ensure technology is implemented effectively, with minimal disruption for clients.

New provincial initiatives that will have a direct impact on the Kings Health Region include the primary health care redesign for the province. This model includes five main components. They are: Family Health Centers, Health Promotion and Illness Prevention, Academic Detailing, Palliative Care and Video Conferencing. More information on each component will be shared over the coming year. The province is also defining a Home Care Strategy and a Diabetes Strategy and implementing a computerized Integrated Services Management System. Each one of these provincial initiatives has involved, and will continue to involve, regional staff to ensure that initiatives become operational in the region.

The next year will require strong and visible leadership that can articulate achievable outcomes under the new structure. Management of the organization will also need to lead the organization forward as it implements each new Provincial initiative. These changes will require open and transparent communication with employees and the community. We will need to continue to remind ourselves, that even though Prince Edward Island is segmented

into several health regions, there is but *one health system* with its primary focus to meet the health needs of Islanders.

As the new Kings Health Region is formed, we are fortunate to have the broad range of services available to residents within their county. We are also fortunate to have the dedicated staff to ensure that through all the changes, the quality of these services to the public remains at a high level.

At this time, I would like to acknowledge the dedication and support I have received as Chair of Southern Kings Health for the past six and a half years from fellow board members. This support and dedication to tasks at hand have made my duties enjoyable and rewarding. I would also like to thank our Chief Executive Officer, Betty Fraser, and all the staff and physicians who continue to rise to every challenge in their efforts to provide the best service for residents of this community. To all, I extend my earnest desire and best wishes for every future success and well being.

Respectfully submitted,

Michael Gallant
Chairman
Southern Kings Health Board

Chief Executive Officer's Report

I wish to present the final report for the Southern Kings Health Region. It is a time to let go of an organization, and also a time to embrace the many opportunities that will unfold as we become one with Eastern Kings as the Kings Health Region.

For the past two years the Southern Kings Health has been guided by the Regional Strategic Plan. The five broad goals of the plan are to:

1. Contribute to a healthy community;
2. Increase healthy outcomes for children and youth;
3. Increase our organization's ability to respond to an aging population;
4. Provide support for staff; and
5. Improve integration and coordination along the continuum of service.

During the past year, Southern Kings Health staff were involved in implementing changes to existing programs and the evolution of new programs for clients of the health system. These programs included: the new Disability Support Program, the Diabetes Strategy, new additions to programs for Addictions, the implementation of the new *Child Protection Act*, and the PEI Mental Health Plan, which saw the expansion of services for adults with chronic mental health conditions. Provincial initiatives involve new policy development, staff training and education and regular communication with clients and the public. Each provincial initiative has allowed us to refocus our efforts and make consistent strides in **contributing to a healthy community** and **increasing healthy outcomes for children and youth.**

Services within Southern Kings Health have also evolved, **to contribute to a healthy community.** The region piloted the Diabetes Prevention Program for Families. This program was designed for families who want to work together to reduce their risk of developing diabetes. It assisted families by increasing their awareness and supporting their efforts to make life style changes.

The Southern Kings Health Region, in partnership with Eastern Kings, also piloted a program called *Employment Pathways*. The pilot is funded by the P.E.I. Labour Market Development Agreement. It is a one-year employment case management service for clients on financial assistance with multiple employment barriers and a poor history of workforce attachment.

Early results identify that clients are making significant progress in addressing their employment barriers and reducing their requirement for financial assistance.

Maintenance and housing staff adopted enhanced water testing policies and procedures for all our regional facilities. Staff procedures and quick response protocols are in place to effectively manage a boil water order. The region is also upgrading the plumbing system for the hospital and manor.

As well, the region has increased its compliment of Occupational Therapy and Speech Language Pathology services to meet the needs of in-patients of the Kings County Memorial Hospital.

To achieve progress on **increasing healthy outcomes for children and youth** the region applies the principle of early identification and intervention.

The Preschool Assessment Team continues to see an increase in referrals from Public Health Nursing, family doctors and pediatricians. This increase will allow us to intervene early and provide the necessary supports for children with identified delays.

Public Health Nursing has enhanced their Child Health Clinics by including a dental hygienist one clinic per month and they implemented the eighteen-month screening tool for speech language development. Public Health Nurses and the Community Nutritionist have also taken advanced training in providing breast-feeding support for mothers.

Eastern and Southern Kings Health Regions partnered with the Early Childhood Development Association to sponsor a project called *Little Expressions Mean A Lot*. This project is funded under Health Canada's Rural and Remote Health Innovations Initiatives. It is a speech and language project designed to help parents and others in the community who work with children, aged 18 months to six years, with speech language problems.

Southern Kings Health is **responding to the needs of an aging population** by expanding the Palliative Care program to include a bereavement follow-up service. This service is being provided by Hospice volunteers who have received additional education on the grieving process.

The region, in partnership with the Provincial Jobs for Youth Strategy, also sponsored the *Helping Hands for Seniors* project. This project helps senior homeowners access free labour to assist with regular home maintenance jobs. Twenty-five local seniors were supported by the program during the past summer.

Community Mental Health continues to work closely with the Home Care and Support Team to assist senior clients improve their physical as well as mental health.

The multi- disciplinary team of the Kings County Memorial Hospital supports the needs of patients within the hospital. They also provide a very important mechanism for proactive planning prior to discharge. This service is essential for vulnerable seniors who may require significant community supports following discharge.

Southern Kings Health has always been very proud of the organization's professional and competent staff who work for the region. We recognized that **staff require support** in order to provide the quality services which residents of the area expect. These supports include: training opportunities, appropriate technologies, proper equipment and an environment that supports the recruitment and retention of staff.

Over the past year Southern Kings Health provided local training opportunities for staff including: safe manual handling, bereavement training, computer application training, indicator development training, and speech and language development training. Regional staff also participated in numerous provincial training workshops.

The region continues to implement new technologies to support client care. The new Radiology Information System is able to maintain confidential patient radiology files. With patient consent, files can be viewed or transferred to any of of the seven acute care sites in PEI. Staff are also involved in the planning for the Integrated Services Management Program. This program will support community service programs in maintaining client information.

Riverview Manor and Kings County Memorial Hospital are very fortunate to have community support to purchase new or required upgrades to existing equipment. Some items purchased for the hospital and manor include: a medication cart, an oxygen saturation machine, IV pumps, electric beds and other furniture.

The health region cannot work in isolation of other parts of the health system or of the community. We must continue **to improve integration and coordination along the continuum of service**. We have partnered with the community on initiatives such as *Roots of Empathy, Journey of Hope, the NEON Committee* and the establishment of a regional ethics committee. The body of this report provides details on each of these initiatives in more detail.

This past year the Southern Kings Health Region participated in the accreditation process which involved a self-assessment followed by a survey visit in June of 2001. The accreditation process involved staff, physicians, community volunteers and clients in the evaluation of the quality of the organization's services by comparing them to nationally accepted standards. The region's final report from the Canadian Council of Health Services Accreditation reads as follows: "The Southern Kings Health Region is being accredited as a health systems organization for the second time and is congratulated on its integration and coordinated approach to care and service delivery.....The organization has established great community partnerships and developed a strong community focus."

Congratulations and thank-you to all those who participated in the accreditation process, and to all staff, volunteers, physicians and board members who commit their skills, knowledge and energy everyday in the provision of quality services for residents of the region.

Respectfully submitted,

Betty Fraser
Chief Executive Officer

Medical Director's Report

During the 2001-2002 year, I had the pleasure to serve as the Southern Kings Health Regional Medical Director. The early part of 2001 was busy with preparation for the accreditation process, which took place in June. Only one of several recommendations outlined in the accreditation report was considered to be of a high priority. This recommendation was addressed prior to the completion of accreditation. The accreditation process was very successful and all of those involved deserve congratulations on a job well done.

During the summer of 2001, there was a full-time locum, Dr. Mark Dutney, from Australia who covered the physicians' practices for the period of June until October. Dr. Dutney's assistance was greatly appreciated and we hope that he and his wife enjoyed their time in Southern Kings and Prince Edward Island.

During the later part of 2001, Kings County Memorial Hospital experienced occasional shortages in nursing staff resulting in a decrease in the number of beds. This issue was a greater concern during the two-week period over Christmas. The impact of this shortage on the system was minimized by the co-operation of all staff and the lack of influenza outbreak.

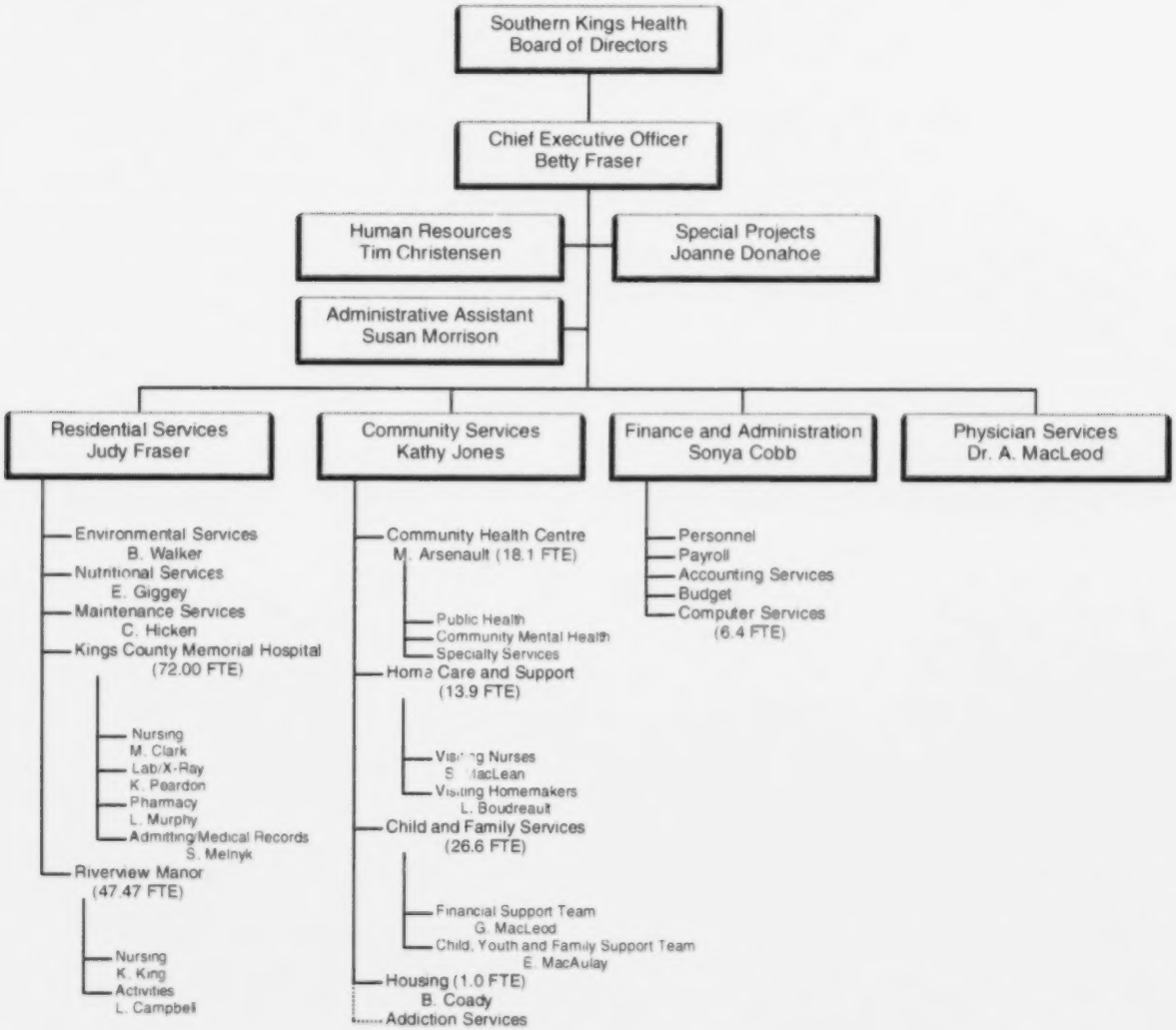
On January 31, 2002, we were all shocked by the untimely death of Dr. Bob Colborne, a colleague who was highly respected, and will be deeply missed by the community. In an effort to fill the large void left by Dr. Colborne's death, Dr. Anne MacDonald and Dr. Christine McNearney filled in at Dr. Colborne's practice on a temporary part-time basis from February until June. Their assistance was very timely and also very much appreciated. Active recruitment for privilege replacement was successful with Dr. Cameron Bruce scheduled to join the complement of physicians in July, 2002.

In closing I would like to thank the board for the opportunity to serve as Medical Director for 2001-2002.

Respectfully submitted,

Dr. A. MacLeod
Medical Director

Organizational Chart



FTE = Full-time Equivalent

Physician Services	1.00 FTE
Residential Services	121.94 FTE
Community Services	66.00 FTE
Finance & Administration	5.90 FTE
CEO & Support Staff	3.80 FTE
Total	**198.64 FTE**

Long-term Service Awards

30+ Years of Service

Garrett, Ron A.	Child and Family Services
Vuozzo, Carl G.	KCMH–Nursing

25+ Years of Service

Browne, Cynthia M.	KCMH–Medical Records
Coady, Brian D.	Housing
Fraser, Betty A.	Regional Management
Garnhum, Jeannie	KCMH–Housekeeping
Penny, Carole	Riverview Manor–Nursing
Sutherland, Karen J.	KCMH–Nursing

20+ Years of Service

Beaton, Patricia	Riverview Manor–Administration
Collings, Beverely	Regional Finance and Administration
Nabuurs, Anna	Home Care and Support–Public Health Nursing
McGuigan, Genevieve	KCMH–Nursing
MacLean, Wayne M.	KCMH–Maintenance
MacDonald, Brenda	KCMH–Nursing

Make Choices Today for a Healthier Tomorrow

Mary Lynn Farnham - *"I still miss them,* (home made cookies), *but there was no other choice if I was going to take charge."*

The toughest job was giving up the home baked cookies. Hot and steamy right out of the oven with an aroma that filled that house, it was the ultimate temptation facing Mary Lynn Farnham.

It wasn't easy giving up the date squares or turning her back on the deep fried foods either, but banishing home made cookies to the forbidden list was almost more than she could bear. "I still miss them," laughs the forty something mother of three strapping boys. "But there was no other choice if I was going to take charge."

And that's exactly what the Roseneath woman vowed to herself after leaving the doctor's office about a year ago with the confirmation that she was diabetic. The word conjured up images of a lifetime of drugs and needles. But with the help of provincial care workers, Mary Lynn has studied her condition carefully and learned not only how to cope with it daily, but manage it so she doesn't become its' slave.

"I wanted to do whatever I could to deal with it naturally," she says during a tour of the vegetable garden at her home along the Georgetown Road. "I'm not saying it might not get worse in the future and I'll need insulin, but if there was a way to manage it by myself, I was more than willing to do it."

And that meant some serious sacrifice. Not only in diet, but commitment to exercise to keep the blood sugar levels down. It meant the days of comfort food were over. Foods like french fries and gravy and those sugar saturated sweets were off limits.

Mustering up all the willpower she could, Farnham put a ball and chain on her temptation for food that complicated her health and well being. "I'm not saying my way is the right way," she insists while petting Husky the dog. "I'm just saying this is my choice."

Willpower doesn't come easy for everyone and Mary Lynn is the first to admit she struggled, especially after growing up in a culture where food consumption is part of her heritage. But while her willpower isn't of Olympic proportion, her faith is. And her religious belief continually recharges her spirit. "I'm very strong on faith," she says. "God gave me the spirit to draw on this time of need and he wants to help me. So I accept his offering and work to ensure I stay healthy not just for me, but for my family as well."

Diabetes is basically a breakdown of the pancreas doing its job. It's an organ that helps to process what we ingest. But if it's not functioning properly, neither will we. So after being diagnosed, Mary Lynn began her journey of learning about the ailment and coping with the disease that affects thousands of people. It meant not only changing her diet, but reducing the food intake on a daily basis and instigating an exercise program.

"I used to drink a lot of juices, but I've replaced that with just good old water these days." Today, she eats less during the course of a day—which has reduced her weight—and she also takes exercise more seriously.

Health officials—like the local nutritionist who helped her—insisted that exercise is 50 per cent of the plan of attack to keep diabetes in check.

Now she either takes a vigorous walk every day, participates in an aquacise class at the pool in Montague a few times a week, or bounces on the family trampoline in the outbuilding next to the family home.

And that's during time above and beyond the call of family duties as well as handling the accounting and administrative duties for her husband Phil's roofing business. "I really didn't think I could find this kind of time for myself," she says. "But you have to find the time if only to reduce the stress levels. My husband wants me to be healthier and we've adjusted our lifestyle so I can find the opportunities to take care of myself."

Originally from Waterloo, Ontario, Mary Lynn grew up in a Mennonite household where rich and hearty meals on the dinner table were legendary. The family would have potatoes three times a day and sugary pies rounded out every evening meal. "Some people eat for comfort, but now I go to the Lord for the comfort I need," she says.

After the cold turkey jump from the food bandwagon, Mary Lynn is now reawakening her taste buds to a diet culled from her garden and from cooking things differently. Instead of frying, she says, she now broils her favourite meats in an effort to reduce the strain on her system. She still cooks up the hearty meals at home, but with her husband and sons becoming more health conscious, her new style of cooking is winning over new fans.

"Making the change isn't really that hard, it's just a matter or incorporating it into your lifestyle."

Residential Services

The Residential Services division of Southern Kings Health Region consists of Kings County Memorial Hospital and Riverview Manor. Our mission is "*to provide holistic acute and continuing care services to the public and residents of Southern Kings Health within the resources available.*"

The Residential Services division has recently completed their operational plan which was developed to achieve the goals of our Regional Strategic Plan. The goals that were developed include:

1. Increase nursing staff at KCMH
2. Increase staff satisfaction
3. Improve space for special needs unit at Riverview Manor
4. Increase staff training and increase use of best practices and knowledge
5. Provide a healthy, safe environment for clients/staff

Kings County Memorial Hospital

Role: Kings County Memorial Hospital is a 30-bed, acute care facility. The hospital is responsible for providing primary health care to the residents of the Southern Kings Health Region, other residents of PEI as required, as well as to visitors to the area.

KCMH provides the following services:
General medicine, pediatrics, 24 hour emergency services, radiology, laboratory, nutrition counselling, physiotherapy and pharmacy. Specialists include a pediatrician, plastic surgeon, general surgeon, psychiatrist, orthopedic surgeon and an internal medicine/cardiologist. As well, the hospital has access to services at the Community Health Centre.

Kings County Memorial Hospital Highlights

Nursing Recruitment

Supporting staff is always a priority in any organization. This is a particular challenge at KCMH, during a time of nursing shortages. We have created two full-time RN positions in the past year, two 50% LNA positions, and a part-time Ward Clerk position. We continue to attempt to recruit staff to fill temporarily vacant positions. In order to give staff holiday time over Christmas this year, we had a temporary

closure of 10 beds for a three-week period. This was accomplished successfully with a lot of cooperation between staff, physicians, public and other health care providers.

This year, for the first time, we have had UPEI Nursing students do a six-week rotation with us, at both KCMH and Riverview Manor. This involved 12 students and provided an opportunity for the students to see the advantages and opportunities that are available in a small facility. Hopefully, it may be the start of a relationship which would lead them back to our region after graduation, and would help us to meet our goal of maintaining nursing staff at KCMH.

Equipment

As usual, many new pieces of equipment have been purchased, through funds donated to the KCMH Foundation, and by donations from the KCMH Auxiliary. Some of those include equipment for the Central Supply Room, IV pumps, air compressors, convection oven, microwave oven, washing machine, bedside curtains, medication cart, oxygen saturation machine and many other items.

Increasing staff training and increasing staff satisfaction are also areas in which we are placing particular emphasis. Developing more in-region training opportunities and adding resource material to libraries are just a couple of ways this is being done.

The KCMH Foundation supports education and training expenses for Staff. Approximately $19,000.00 was spent in the past year to cover workshop registrations, replacement costs and other expenses.

Working in Partnership

Improving integration and coordination along the continuum of services continues to be an important goal at KCMH. The staff at KCMH work very closely with other services in the region. This is evident in our multi-disciplinary team which has representatives from Nursing, Physicians, Physiotherapy, Occupational Therapy, Mental Health, Dietary, Home Care and Support and Addiction Services. This team looks at situations which may need more organized planning to meet the needs of the client during their hospital stay and after discharge. Some other areas where staff work together are in Palliative care, nursing home placements, infection control issues, continuous quality improvement committees and indicator development.

Information Technology

The past year has been a very busy year for the Radiology Departments across PEI. Representatives from various sites have been involved in building, implementing and training staff to use the Radiology Information System (RIS). This provincial system is able to maintain comprehensive patient files which can be accessed at any of the seven acute care sites in PEI. It is also able to report data and statistics by institution, by region, and by province. The system has eliminated the necessity to generate several copies of each diagnostic report. Reports available on the RIS system are now accessible at KCMH.

This project is well underway and we can look forward to a computerized Radiology Department at KCMH by October 2002. This eliminates the use of film, chemical reagents and operation of a processor.

The new system means more efficient accessand interpretation by the Radiologist, especially important in emergencies. Radiology staff look forward to providing this improved service to residents and physicians of the Kings Health Region.

Safe Environment

We continue to strive to provide a *healthy, safe environment* for our patients, staff and public who use and visit our facility.

Bi-monthly water testing is carried out to ensure safe water and we are in the process of upgrading the plumbing system in the building.

We are also working with staff, residents and the community to designate KCMH as a smoke-free facility. Though, perhaps not popular with all, this is a necessary move to ensure this acute care facility is a clean, healthy environment.

Kings County Memorial Hospital Statistics

Fiscal Year	**1998/99**	**1999/00**	**2000/01**	**2001/02**
Number of beds	30	30	30	30
Admissions	1246	1110	1166	1001
Patient days	9432	10265	10552	9683
% Occupancy	83.7	95.6	96.8	88.4
Average length of stay (days)	7.6	9.2	9.1	9.7
Emergency room visits	14334	14736	15369	14031

Staff at the KCMH provide quality care to residents of Southern Kings Health

Riverview Manor

Role: Riverview Manor is a 50-bed long term nursing care facility, providing care to residents who require high levels of nursing to meet their needs. One respite care bed is also available to residents of the region who would require the service.

Riverview Manor uses a multi-disciplinary team approach to provide care for the residents. This team consists of nursing, dietary, activities, housekeeping, physiotherapy and administrative services. The team also accesses other services as required. These can include occupational therapy, audiology, dental, optical, podiatry, radiology, rehabilitation, gerontologist services, laboratory and ambulance services.

As much as possible, residents and their families are involved in care planning at Riverview Manor, and it is the responsibility of the professional care team to ensure this happens.

Riverview Manor Highlights

Safe, Secure Environment

One of the Southern Kings Health Strategic Plan goals is to *meet the needs of an aging population*. One way in which we want to achieve this goal is by improving space in the Special Needs Unit at the Manor. Residents in this unit enjoy its safe and secure environment. We are aware however that persons with dementia have particular needs and space to move about freely. Discussions are ongoing with staff and families to determine creative ways to accommodate this need.

Day Program Support

Riverview Manor continues to do its part in *improving integration and coordination along the continuum of service*. There is a close relationship between Manor staff and residents, and the Day Program coordinated by Home Care and Support Staff that is carried out at the Manor. There are various activities, such as bingo, birthday parties and entertainment which are held jointly with Day Program clients and Manor residents. This means that friendships develop which are of benefit to all.

Staff Training

Staff support is an extremely important element of our organization. Increasing staff training is one of our divisional goals and this is a challenge to which we are responding. Safe Manual Handling training has been provided to all nursing and dietary staff and will eventually be provided to all staff in the facility. This program is a review of lifting and supporting techniques which identifies safe and appropriate ways for staff to perform their day-to-day work.

Staff Increases

Staff increases over the past year include two 50% Resident Care Worker positions for the Special Needs Unit at the Manor. We have also increased maintenance services staff.

Equipment Purchases

New equipment purchases benefit both staff and residents. The Alzeimers' support group, in our area, donates generously to our Special Needs Unit each year and the KCMH Auxiliary has contributed more than $4,000 this year to new equipment purchases. Examples of equipment bought in the past year include new electric beds and furniture, a mechanical lift, maxi slides, walkers, wheelchairs and cushions, an oxygen concentrator and a dining room table.

Volunteer Support

Volunteers continue to support staff and residents. Our volunteers are truly dedicated people who volunteer on a regular basis to bring music, companionship and conversation to enrich the lives of our residents. Activities which volunteers provide include entertainment for parties, pet therapy, dancing, bingo, piano playing, sing-songs and gardening. We all appreciate their contributions.

Social activities at Riverview Manor ensure that residents stay informed.

Manor Improvements

Providing a healthy, safe environment for residents and staff is a priority. We are conducting bimonthly water testing at Riverview Manor and since the Manor is getting older, property maintenance including painting, plumbing, window replacement and cosmetic improvements must continue to be carried out.

Community Services

Role: The Community Services Division of Southern Kings Health is comprised of Home Care and Support, Housing, the Community Health Centre and Child and Family Services (Child Protection Team and Financial Support Team). We are also integrated with Community Addiction Services which is managed through Eastern Kings Health region. *Our mission is to "provide integrated community-based health and social services to residents of Southern Kings; we will foster community health with the goals of building independence and quality of life."*

During the past year, Community Services staff undertook activities from their operational plan completed in 2001. The Community Services Operational Plan builds on the Southern Kings Health Strategic Plan.

Community Services Highlights Include:

- planning, in conjunction with the PEI Mental Health Plan, for supports to adult clients with serious and persistent mental illness;

  (We anticipate hiring two Mental Health Support Workers to provide outreach client services in the community.)

- increased health promotion activities which include a Diabetes Primary Prevention Project, Lifestyle Awareness Program and others;

- continued planning for a children's services continuum; and

  (During this year we welcomed additional supports for children to our team including a Children's Mental Health Worker and through a partnership with Canadian Mental Health Association, two in-home support workers. We also implemented, in partnership with Eastern Kings Health Region and the Early Childhood Development Association, the Little Expressions Speech Language Project. Planning is underway to move the Public Health Program to a case management model. In addition, planning moves forward related to implementation of the new Provincial Child Protection Act. An evaluation of our Preschool Assessment Team Program has been completed. We look forward to expanding this team into Eastern Kings in the upcoming year.)

- actively identifying ways to increase support for staff, by exploring staff safety issues, providing refreshers on back care, and seeking staff input into wellness and retention.

  (Staff were also offered several training opportunities throughout the year.)

Our division continues to actively work with our community partners. Some notable highlights include:

- several groups for parents conducted by our staff including, "Maggies Magic Cupboard"—a cooking skills program;
- leadership in the Roots of Empathy Program in conjunction with Cardigan Consolidated School;
- leadership with the Children's Resource Network; and
- leadership in the region's Health Promotion Committee, as well as the Healthy Times newsletter.

These highlights name only a few of numerous formal and informal links to the Southern Kings community.

Community Health Centre

Role: The Community Health Centre (CHC) is comprised of a team of health professionals supported by trained volunteers working together to provide improved services for the residents of the Southern Kings Health Region.

The Southern Kings Community Health Centre provides a broad range of services which focus on three areas; prevention, promotion and treatment. The services located at the Health Centre are Physiotherapy, Occupational Therapy, Speech Language Pathology, Nutrition and Dietician Services, Preschool Support, Public Health Nursing, Mental Health and Youth Addictions. Not only does the Centre offer these services but we work closely with community organizations such as the Home Equipment Loans Program, Laubach Literacy Council, and Southern Kings Hospice Association to meet the needs of residents of Southern Kings.

Community Health Centre Highlights

Occupational and Speech Therapy

The demand for all services at the Community Health Centre continues to grow. Over the past year there has been a staffing increase in Speech Services and Occupational Therapy services one day a week to meet the needs of hospital inpatients with speech or occupational therapy issues.

We have tried strategies to deal with this demand not only by increasing resources but by offering other creative options for service delivery. For example, the Little Expressions Speech and Language Project offered workshops and information sessions to parents who had children on a waitlist for speech services, and others.

Interactive Play—a wonderful way to develop your child's speech and language every day.

These have provided parents with some information and tools to use while waiting to receive direct service. In total the Little Expressions Project hosted 31 different education/community events to promote the importance of speech and language development.

Physiotherapy and Nutrition

As well, Physiotherapy has offered a "Back Care" program and the Dietitian has offered "Heart Healthy Eating" classes. These programs provide education and support to clients or community members in groups sessions. Group sessions allow service providers to provide health education to a larger number of clients.

Preschool Assessment Team

Many programs at the Health Centre focus on ***"healthy outcomes for children and youth"***. The Preschool Assessment Team assesses children who are suspected to have a developmental delay in two or more areas. The Team has seen an increase in referrals from Pediatricians, Public Health Nursing, Early Childhood Centre and family doctors. This increase will allow us to intervene earlier in a child's life to ensure healthy outcomes for children. Eleven transition conferences were held this year with school personnel and parents who have children being followed by the team to ensure a smooth transition to grade one. Principals were asked to provide feedback on their experiences with the Preschool Assessment Team. All principals were very supportive of the Team. Some of their comments highlighting their experiences were as follows: *"Very helpful! We all need to work together for the children's benefit."* and *"Having the whole team present and each member able to share information is very beneficial for the child, parent and school."*

Public Health Nursing

A new speech screening tool developed through the Little Expressions Project is being used by Public Health Nursing to detect those children who may have a speech issue earlier. Southern Kings Health

Parents and health care professionals—ensuring healthy beginnings for children in our region.

has the second lowest breast feeding rate at discharge (54.6% in 1999, PEI Reproductive Care Program), in the province. Therefore, public health nurses and our community nutritionist have taken additional training in breastfeeding which has allowed them to continue to be a great support to parents who wish to breastfeed.

Community Partnerships

Staff at the Community Health Centre have been very involved in initiatives that foster healthy child development. Locally, with partners, staff provide a lead role in a local group called The Children's Resource Network. They also supported the Baby and Preschool Health Fair held last fall in Murray Harbour. At the provincial level, staff participated in the Understanding the Early Years Project.

Health Promotion

There are many examples of ways that the Community Health Centre *contributes to a healthy community.* The Primary Prevention Project on Diabetes, the introduction of the Lifestyle Awareness program, which involved approximately 40 community and staff members, the Public Health Nursing Smoke Free Homes programs, and the Healthy Times Publication. Strategies are underway at a national and provincial level in the area of diabetes and chronic disease that will support the work being done at a local level which will *"increase knowledge, skills and attitudes of all community members to maintain healthy lifestyles."*

Mental Health

A new leadership position, entitled Coordinator of Clinical Services, was added to the Community Health Centre this year to enhance the coordination of mental health and other clinical services for Eastern and Southern Kings. In response to the need to *"increase access to services for clients with mental health issues,"* new staff have been added to work primarily with children and youth who have mental health issues. Plans are being made to add new outreach community based programs to serve the persistently mentally ill population in the county. The intent of the expanded mental health service is to "assist us in decreasing the number of admissions to acute care for chronic conditions." The Mental Health program has partnered with the Journey of Hope initiative which is a program developed and implemented by the Community Mental Health Association. Journey of Hope is a support group for individuals who live with a client with mental health issues.

Efforts have been made to work closer with acute care facilities such as Hillsborough Hospital and Queen Elizabeth Hospital to help with the transition of clients back to their communities.

Efforts are also underway to refine and improve the information system for the population we serve. This will provide feedback for planning necessary to make corrections in our program to be current with the needs of our clients. There continues to be an increase in referrals to Community Mental Health especially in the last quarter of this year.

An intake process has been developed to effectively triage and refer individuals to services they need. Mental Health has been making efforts to work closer with other departments within the health regions to better meet the needs of clients. Case management practice has been established and has been expanded within the past few

months. Plans for this expansion continue as this approach improves access and coordination of various services.

We have worked closely with Addictions Services which reflects the Best Practice recommendations that have been established nationally.

Child Protection Team

Role: The Child Protection Team of Southern Kings continues to be responsible for service delivery in the areas of child protection, foster care, one-on-one child/youth program, services to children in foster care, financial assistance to minors living apart from their parents and home helper services. With the implementation of the new PEI *Child Protection Act*, the role for the team will continue to change.

The philosophy of services to children, is that decisions are made based on what is in their "best interests." While the belief is that the family is still seen as the best place for children to grow and develop, this is not always possible.

The Region recognizes contributions made by foster parents at the Annual Foster Parent Appreciation Night.

The new Child Protection Legislation has passed in the Provincial Legislature and is in the process of being implemented. A provincial team has been organized to research and develop policies which will lay the foundation for the "*Child Protection Act*." This work is under the direction of the Regional Senior Program Managers and the Provincial Director of Child Welfare. The *Act* will foster a focussed approach to child protection decision-making and outlines more clearly when a child is "in need of protection." Front-line staff working in child welfare, have recognized the need for clarification in the area of child protection for a number of years and they now have clear legislation to support their work.

Our Child Protection Team consists of a supervisor, secretary, five full-time social workers, and two home helpers, and two community youth workers.

Child, Youth and Family Team Highlights

New Child Protection Legislation

The past year has presented many challenges with the new legislation coming into being. There is much optimism in the work unit. We have started to be more focussed on specific child protection cases and look to collaborate with programs internally such as Mental Health to build a children's continuum.

This work is ongoing as we continue to partner with agencies, and at the same time, focus on being succinct in our service delivery.

Community Partnerships

Our staff continued to work with the schools as part of the School Health Team, with Carousel around Parenting programs, "Maggie's Magic Cupboard" and participating in the "Roots of Empathy" program.

These initiatives are preventative in nature and continue to be needed in our communities. As child protection providers, we hope these programs will be delivered even though we may not be in a position to be the primary service delivery unit. Our roles will be more clearly defined around child protection issues. This year has been challenging, however we are hopeful the next year will provide the basis for the future in order to keep children safe.

Baby Matthew teaches school children how to be sensitive to the needs of others — Roots of Empathy Program

Child Youth and Family Statistics

Fiscal Year	**2000/2001**	**2001/2002**
Child Protection Referrals	118	135
Avg. # Children-in-Care	23	30
Foster Care Homes	16	30
Adoption Intakes	0	5
Children Waiting to be Adopted	0	6
Children Adopted	0	1

Financial Assistance Team

Role: The Financial Assistance Team is responsible for delivering the Welfare Assistance Program. This is a financial program for individuals and families who are unable to provide the basic necessities for themselves (i.e.,food, clothing, shelter) or meet special emergency needs. In carrying out the role, our Financial Assistance Team strives to assist clients in achieving greater levels of independence.

Staff on the Financial Assistance Team also provide a variety of programs and services which contribute to a healthy community. These include the Job Creation Program, Employment Enhancement Program, Literacy Enhancement Program, Parent Support, Daycare Program and the Disability Support Program.

Financial Assistance Team Highlights

Job Creation/ Employment Enhancement

The goals of building independence and quality of life for our clients are high priorities for our Job Creation and Employment Enhancement Programs. This past year has been a busy and successful year for the Job Creation Program, matching clients with employers while providing a wage subsidy. The Employment Enhancement Program prepares clients so they can be ready for Job Creation Program placements, training or other employment opportunities. Employers are the reason these programs are successful. A healthy economy enables employers to continue to provide employment opportunities to clients allowing them to retain work skills or to learn new skills through job placements. The Job Creation Program also operated a successful summer youth employment program for 8 youth of the community.

Day Care Subsidy

Employment and health go hand in hand. The Day Care Subsidy Program contributes to a healthy community. This program is in place to assist low income parents to be in a position to work, as the program assists parents with the cost of licensed child care. Over the past year requests for child care have decreased substantially. In 2000-2001, the region spent $375,703 compared to $309,026 in 2001-2002, this represents a 17.75 % decrease. Reasons for the substantial decrease include; clients who were receiving subsidy have improved their income situations and are now self pay, a number of employers have evening shifts and weekend shifts and parents have secured babysitters instead of day care, and Public Health records indicate that there has been a decrease in the number of births from 1996 to 2001. The birth rate in the mid to late 90's was approximately 200 births a year. The rate over the last three years is between 140-150 births each year. This again would have affected the number of families applying for subsidies.

Employment Pathways

This past year has seen an increased focus on employability and employment maintenance for clients who experience multiple barriers to employment. Barriers to employment can include: limited education, personal and/or health issues, literacy skills and low employability skills. In order to assist these clients a pilot program called Employment Pathways has operated over the past year.

This program is funded under the PEI Labour Market Development Agreement (an agreement co-managed by Human Resource Development Canada and the PEI Department of Development and Technology). The program is sponsored and managed by Southern Kings Health Region in partnership with Eastern Kings Health Region. The two health regions support the project by providing program clients with travel, child care, and work related clothing allowances, and wage subsidies as well as in-kind support from health care professionals. The day-to-day management of the program is under the supervision of Employment Enhancement in each Health Region.

The program evaluation, completed by Atlantic Evaluation Group Inc., has been very positive. Over 100 clients have been referred to the program during the pilot year. Program participants have demonstrated an increase in confidence and self-esteem, are more goal focussed and motivated towards employment and training. Participants have shown an increase in their ability to obtain and maintain employment. One participant from Southern Kings spoke of her success in the program. *"Before I felt useless, worthless and depressed—I have changed a lot-I am more confident and feel good as a person—I feel more calm, at ease and happy with myself."*

Employment Pathways—providing transition skills to gain employment

Disability Support Program

October 1 , 2001 saw the implementation of the new Disability Support Program. This is a social support program with a financial component. Support is offered to individuals, up to the age of 64, who have an ongoing functional limitation as a result of a qualifying disability. This disability usually substantially limits their ability to carry out activities necessary for independence and well being. Over the past several months Disability Support workers began transferring cases over from Welfare Assistance and Family Support to the new Disability Support Program.

The program has three components: Child Disability Supports—to assist families with extraordinary child-rearing needs directly related to their child's disability; Adult

Disability Supports—to help people with qualifying disabilities achieve their desired level of independence; and Employment and Vocational Supports—counselling, assessment, training, skill development and pre-employment training.

Literacy Enhancement

The Literacy Enhancement Program also contributes to a healthy community by allowing adults to learn/improve their reading, spelling and/or basic math skills. Materials are suitable for youth and adults from pre-reading to community college levels. During 2001-2002, forty-one people attended the program. Three students achieved their Grade 12 (GED) Diploma.

Literacy Enhancement Program—promoting literacy in our communities

Parent Support Worker

Our Parent Support Worker continues to assist parents increase healthy outcomes for their children. She has worked closely with Financial Assistance Workers, Public Health and the Pre-School Support Coordinator to assist parents increase their parenting skills. She also transfers skills which may include budgetary abilities, problem solving skills, practise of healthy lifestyles and self-esteem. This work is proactive and the desired outcome is increased skills for parents which leads to children reaching their full potential.

Financial Assistance Statistical Information

Financial Assistance	**1999/2000**	**2000/2001**	**2001/2002**
Average monthly caseload	407	394	379
Monthly expenditure	$170,123	$188,142	$186,005
Average monthly cost/case	$418	$478	$490
Total Expenditure	**$2,041,482**	**$2,257,700**	**$2,232,062**
Job Creation Program	**1999/2000**	**2000/2001**	**2001/2002**
Number of placements	135	145	126
Total Expenditure	**$201,073**	**$196,469**	**$214,153**
Day Care Program	**1999/2000**	**2000/2001**	**2001/2002**
Total Expenditure	**$321,611**	**$375,703**	**$309,026**
***Disability Support Program**	----------	----------	**$43,328**

***Program Start Date: October 1 to March 31.**

Home Care and Support

Role: The Home Care and Support Program is designed to ensure residents of Southern Kings can cope and adapt comfortably and safely in a home setting. Residents may require the service following surgery, sudden or chronic physical or mental illness or as a result of the natural aging process.

Home Care and Support Highlights

Home Care and Mental Health

Home Care and Mental Health continue to work together to provide support required for clients with mental health concerns. With client approval and input, needed services are coordinated to assist the client improve their health both physically and mentally.

Dialysis

Both haemodialysis and peritoneal dialysis services are provided in the Region. We continue to provide peritoneal dialysis for six clients within the Southern Kings Health Region. Services are provided in the dialysis unit as well as in the home.

Palliative Care Program

The Rural Palliative Home Care Project ended in January 2001. Home Care has continued to use the model developed through this project in the delivery of coordinated palliative services in the home. A bereavement follow-up program has been initiated with Hospice volunteers who have received additional education in the grieving process. The need for continued and enhanced support for a palliative care program is evident in the number of requests received from clients and families. A Regional Palliative Care Committee meets on a regular basis to review and evaluate the program. This committee has representation from Home Care, Long Term Care, Acute Care, Hospice and the Community. Dr. Charles Duffy acts a resource to the committee. Recently, the Regional Palliative Care Committee has met with Corinne Roswell, the newly appointed Provincial Palliative Care Coordinator. Ms. Roswell will be working closely with the Regional Committee to help enhance and evaluate the role of the Palliative Care Program.

Diabetes

Over the past year, our part-time diabetes nurse has greatly increased support to clients diagnosed with diabetes in this region. Approximately, ten to twelve referrals per month were received, and follow-up is provided to an additional forty clients on a monthly basis. Provincially, the new diabetes strategy is moving forward. Home Care will be closely integrated with the new county-based team of a full-time nurse and a part time dietitian.

The development of regional teams will allow for education, follow-up, and evaluation to be coordinated and provided locally. This approach should improve supports to those with diabetes and provide them with the means to self-manage in a more consistent manner. The community profile contained within this report features Mary Lynn Farnham. She identifies the significant lifestyle changes that are required in order to maintain personal wellness following the diagnosis of diabetes.

Home Support Program

The optimal well-being of seniors and their caregivers is paramount in designing services to maintain people in their own home. The Home Support Program offers a range of services which include Visiting Homemakers, a Day Program, and Community Support. The nature of the service provided is based upon an assessment to determine the unique requirements of each individual and family.

The Visiting Homemakers provide assistance with personal needs and in-home respite care. To address the increasing needs of families who are caring for a loved one with a dementia, respite hours are offered both in home and at the Day Program. The Day Program operates three days per week, six hours each day.

Approximately seven clients attend the program each day. The Day Program offers an agenda of supervised socialization activities for seniors who have physical and/or cognitive challenges. Community support links the client and the family with community-based resources and services which may further enhance the quality of life for both.

Riverview Manor Day Program—providing a day away from regular routines for caregivers and participants

Home Care and Support Statistical Information

	2000/2001	2001/2002
Caseload:		
Nursing Caseload	220	210
Home Support Caseload	120	129
Palliative Care	10	8
Adult Protection	4	4
Day Program	22	18
Diabetes Program	25	30
Placements:		
Riverview Manor	12	21
Dr. John Gillis Memorial Lodge	21	10
Other	5	7
TOTAL	**38**	**38**

Housing Services

Role: Housing Services of the Southern Kings Health Region is responsible for the administration, maintenance and rental of subsidized seniors' housing units. The rent is based on 30 per cent of an applicant's income.

Housing Services Highlights

Helping Hands for Seniors

In conjunction with the provincial Jobs for Youth strategy, Helping Hands for Seniors is a project to help senior homeowners undertake work around the house with the aid of students. The students help with jobs such as yard clean-ups, minor repairs, and minor painting jobs. The homeowners supply the tools, material and supervision. The students provide the labour free to the homeowner. This year 28 applications were received and 25 received assistance and two resulted in cancellations.

Housing Services—providing a place to call "home" for seniors in our community.

Seniors Citizens Housing

Many seniors find as the years pass, that their housing situation changes. Income is often less than in earlier years and housing may be difficult to afford. It may also be increasingly difficult to maintain their own home. In this Region, we have 137 units, two of which are garden suites. We have two two-bedroom units, eight bachelor units and the remainder are one bedroom apartments. Most of the units are one bedroom apartments which have a livingroom, kitchen, bathroom and storage areas. Some units are specifically designed for handicapped tenants. During the fiscal year 31 new applications were received and 24 vacancies were filled.

Garden Suite

As mentioned previously, we have two Garden Suites, one in Kilmuir and one in Murray Harbour North. Garden Suites are one bedroom units located on the property of a host family, usually a relative. The rent is geared to income.

Family Housing

In our Region we have two Family Housing Boards; one in Montague and the other in Georgetown. The Montague board has 62 units which they are responsible for and Georgetown board has 27 units. Our division processed 53 initial interviews from April 1, 2001, until March 31, 2002.

Community Care Facilities

All Community Care Facilities are required to have their licenses renewed on an annual basis. As part of the process, our division is responsible to carry out an inspection of each facility on a yearly basis. There are currently six facilities in the Southern Kings Health Region.

Social Housing, Rural Housing and Rural Community Housing

The Region maintains four rental units in our area for which we are responsible for administration, renting and maintenance.

Kings County Addiction Services

Role: Addiction Services is offered in both Eastern and Southern Kings. Our sites are located in Southern Kings at the 35 Douses Road Complex, Montague and in Eastern Kings at Breakwater Wellness Centre, 21Breakwater Street, Souris. Our provincial in-patient facility is located in Mount Herbert. Both regional sites are open from 8am to 4pm seven days a week.

Programs offered include: an out-patient detox/withdrawal management, an alcohol/other drug six-day education program, a multi-session tobacco dependency cessation program, an adult rehabilitation and aftercare program, an adolescent rehabilitation and aftercare program, a student assistance program and a family program. Gambling addiction and women-specific programs are offered provincially from the Mount Herbert facility and available in the regions when sufficient numbers indicate. Counselling is available for adults, family, youths and dual-diagnosis clients. This includes relapse prevention, and motivational, bridge, support and follow-up counselling, for all programs and services.

Addiction Services Highlights

Family and Women Only Gambling Addiction Programs

The past year saw several new initiatives implemented. Our new family program became available in the fall of 2001. The provincial/regional women only program was introduced March 2001. The provincial/regional gambling addiction program was introduced in January 2001.

Student Assistance Program

This year we trained our addiction workers to be Student Assistance Program facilitators. The Program is delivered in junior and senior high schools in Kings County. This past fiscal year 284 students were assessed and 232 participated in group sessions on addictions prevention programming for Kings County.

Coordination between Addictions and Mental Health

Initial planning has started at the provincial level to work towards enhanced coordination between Addiction Services and Community Mental Health as 'Best Practice' for service to dual diagnosis clients.

Acupuncture

We have also introduced acupuncture as part of our services to our clients. This program supports clients in their ability to manage their addiction.

Southern Kings Health Addiction Statistics

	Fiscal Year 2001/02
Out-Patient Ambulatory Detox Services	
Withdrawal Management	102
Tobacco Dependency	151
Adult Programs	
Adult Admissions Out-Patient Rehabilitation Program	38
Adult Admissions Aftercare Program	51
Adult Admissions Family Program	5
One-on-one Counselling Sessions - Rehabilitation Services	442
Family Services - # of individual clients seen	101
Student Assistance Program (Southern and Eastern Kings)	
Number of students assessed	284
Number of student participants	232

Appendix

Financial Statements

Grant Thornton LLP
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Southern Kings Health Region
Financial Statements
March 31, 2002

Contents

	Page
Auditors' Report	1
Statement of Revenue and Expenses	2
Balance Sheet	3
Statement of Cash Flows	4
Schedule of Tangible Capital Assets	5
Notes to the Financial Statements	6 - 10
Schedule of Expenses	11 - 12

Grant Thornton

Grant Thornton LLP
Chartered Accountants
Canadian Member Firm of
Grant Thornton International

Grant Thornton

Auditors' Report

To the Board of Directors of
Southern Kings Health Region

We have audited the balance sheet of Southern Kings Health Region as at March 31, 2002 and the statements of revenue and expenses and cash flows for the year then ended. These financial statements are the responsibility of the Region's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Region as at March 31, 2002 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Charlottetown
Prince Edward Island
June 15, 2002

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Southern Kings Health Region
Statement of Revenue and Expenses

Year Ended March 31	2002	2001
Revenue		
Grants		
Department of Health and Social Services	**$ 16,371,503**	$ 15,235,725
Special projects (Note 7)	**36,892**	95,604
Donations – K.C.M.H. Foundation Inc. (Note 8)	**97,094**	102,935
Kings County Memorial Hospital (Note 9)	**271,667**	336,319
Employment Pathways (Note 10)	**160,381**	-
Other income	**14,639**	30,134
	16,952,176	15,800,717
Expenses		
Community Services		
Child and Family Services	**4,785,966**	4,455,613
Community Health Center	**1,109,589**	954,998
Home Care and Support	**987,301**	898,443
Job Creation/Employment Enhancement	**217,028**	208,310
Seniors Housing	**505,073**	523,962
Grants – non-governmental organizations	**1,138,459**	1,030,957
Residential Services		
Riverview Manor	**2,547,693**	2,437,025
Kings County Memorial Hospital	**4,701,244**	4,407,496
Regional Services	**762,550**	788,309
Employment Pathways (Note 10)	**160,381**	-
Special projects (Note 7)	**36,892**	95,604
	16,952,176	15,800,717
Excess revenue	**$ -**	$ -

See accompanying notes to the financial statements.

Southern Kings Health Region
Balance Sheet

March 31	2002	2001
Assets		
Current		
Cash and cash equivalents (Note 4)	**$ 935,891**	$ 997,698
Receivables (Note 5)	**854,130**	893,354
Prepaids	**136,974**	120,507
	$ 1,926,995	$ 2,011,559
Liabilities		
Current		
Payables and accruals (Note 6)	**$ 1,162,476**	$ 1,295,535
Accrued vacation pay	**764,519**	679,132
Deferred revenue (Note 7)	**-**	36,892
	$ 1,926,995	$ 2,011,559

On behalf of the Board

Director Director

See accompanying notes to the financial statements.

Southern Kings Health Region
Statement of Cash Flows

Year Ended March 31	2002	2001
Increase (decrease) in cash and cash equivalents		
Operating		
Cash received from		
Provincial government for operations	**$ 16,328,108**	$ 15,076,134
Special projects grants	**-**	230,000
Operations	**383,569**	282,818
Donations	**82,450**	172,118
Cash paid for		
Wage assistance grants	**(217,028)**	(207,563)
Severance pay allowance	**-**	(31,264)
Special projects	**(36,892)**	(95,604)
Salaries and benefits	**(9,663,755)**	(8,927,109)
Grants – non-governmental organizations	**(1,138,459)**	(1,030,957)
Materials and services	**(2,217,683)**	(1,989,574)
Financial assistance	**(3,355,245)**	(3,235,377)
Building and equipment	**(226,872)**	(235,519)
Net (decrease) increase in cash and cash equivalents	**(61,807)**	8,103
Cash and cash equivalents		
Beginning of year	**997,698**	989,595
End of year	**$ 935,891**	$ 997,698

See accompanying notes to the financial statements

Southern Kings Health Region
Statement of Tangible Capital Assets

Year Ended March 31

	Land	Paving	Buildings	Equipment	**2002 Total**	2001 Total
Cost of Tangible Capital Assets						
Opening cost	$ 1,469	$ -	$ 1,348,427	$ 1,025,765	**$ 2,375,661**	$ 2,282,320
Additions	-	81,608	-	77,930	**159,538**	93,341
Closing cost	1,469	81,608	1,348,427	1,103,695	**2,535,199**	2,375,661
Accumulated Depreciation						
Opening balance	-	-	627,922	545,582	**1,173,504**	1,069,712
Add: depreciation	-	8,161	33,710	67,602	**109,473**	103,792
Closing balance	-	8,161	661,632	613,184	**1,282,977**	1,173,504
Net Carrying Amount of Tangible Capital Assets	$ 1,469	$ 73,447	$ 686,795	$ 490,511	**$ 1,252,222**	$ 1,202,157

See accompanying notes to the financial statements.

Southern Kings Health Region
Notes to the Financial Statements
March 31, 2002

1. Nature of operations

Authority
Southern Kings Health Region is a non-profit organization incorporated under the *Health and Community Services Act*, Part III. The corporation is exempt from income taxes under Section 149 of the *Income Tax Act*. Southern Kings Health Region is responsible for the management of the following core program health services:

Program/Services
- Kings County Memorial Hospital
- Child and Family Services
- Community Health Center
- Home Care and Support
- Riverview Manor
- Seniors Housing
- Job Creation/Employment Enhancement

2. Name change

Subject to a Ministerial Order dated October 25, 2001, the name of the regional health authority known as the Southern Kings Health Authority was changed to Southern Kings Health Region.

3. Summary of significant accounting policies

Revenue recognition
The Southern Kings Health Region follows the deferral method of accounting for grants for special projects. Grants restricted for special projects are recognized as revenue in the year in which the related expenses are incurred. Unrestricted amounts are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Tangible capital assets
Acquired physical assets are expensed as a component of program costs in the year of acquisition. The Region has assumed ownership of the tangible capital assets of the Kings County Memorial Hospital only. The Region has assumed operational maintenance responsibility for the other tangible capital assets in the region. The Statement of Tangible Capital Assets (page 5) provides details of tangible capital asset additions that are owned by the Region and were expensed in the year, the accumulated cost of tangible capital assets owned by the Region and the unconsumed cost of these assets. Rates and basis to calculate the unconsumed cost of assets are as follows:

Paving	10%, straight-line
Buildings	2 1/2%, straight-line
Equipment	6 1/4% - 33 1/3%, straight-line

Inventory in the amount of $117,309 (2001 - $108,052) has not been reflected on the balance sheet.

3. Summary of significant accounting policies (con't)

Financial assistance
Financial assistance overpayments are recorded as receivable when identified with a full provision as doubtful account. Recoveries of financial assistance overpayments are credited to financial assistance expenditures when received. In 2002, $481,656 (2001 - $454,821) in over-payments was recorded in this manner.

Vacation pay and retiring allowances
Vacation pay is recorded as a liability when earned.

Retirement allowance liability is calculated when the employee meets the eligibility criteria. Retirement allowances are funded by the Department of Health and Social Services and are not recorded as an expense of the Region. At March 31, 2002, $319,807 (2001 - $228,776) of liability relating to employees meeting the eligibility criteria was calculated but not recorded in these financial statements.

Cash and cash equivalents
Cash and cash equivalents include cash on hand, balances with banks, and short term deposits with original maturities of three months or less.

Sick leave obligation
Union agreements provide for the accumulation of sick leave benefits by employees. However, there is no obligation for the Region to settle these amounts with cash payments. Consequently, no liability has been accrued in these financial statements. The estimated liability for sick leave obligations at March 31, 2002 is $2,458,693 (2001- $2,266,123).

Pension costs
Employees of the Region belong to different pension plans according to their historical workplace. Hospital employees are part of the uniform pension plan for employees of all Prince Edward Island hospitals. All other employees are part of the uniform pension plan of the civil service of Prince Edward Island.

The hospital pension plan is a defined benefit pension plan for basic pension contributions and defined contribution pension plan for supplementary pension contributions. According to the most recent actuarial report dated January 1, 2001, employer contributions to the pension plan are sufficient to meet the requirements of the plan and a pension fund surplus existed at this point.

The civil service pension plan is the defined benefit pension plan of the Province of Prince Edward Island. For employees belonging to this plan, the employer's share of the benefits plus any additional future actuarial liabilities are assumed by the Province of Prince Edward Island and are not reflected in these financial statements.

General
These financial statements do not include the assets, liabilities and activities of the Kings County Memorial Hospital Foundation Inc. or the Kings County Memorial Hospital Auxiliaries. Separate audited financial statements are issued for each of these entities.

4. Cash and cash equivalents

	2002	2001
Restricted		
Riverview Manor - Resident Trust Fund	$ 10,714	$ 12,248
Deferred revenue (Note 7)	-	36,892
Deferred salary plan	-	25,757
	10,714	74,897
Unrestricted	925,177	922,801
	$ 935,891	$ 997,698

5. Receivables

	2002	2001
Trade	$ 21,252	$ 26,491
Employees	288,904	257,275
Kings County Memorial Hospital Foundation Inc.	30,832	16,188
Department of Health and Social Services		
Operating grant	290,090	246,695
Other	223,052	346,705
	$ 854,130	$ 893,354

6. Payables and accruals

	2002	2001
Trade	$ 1,151,762	$ 1,257,530
Deferred salary plan	-	25,757
Riverview Manor Resident Trust Fund	10,714	12,248
	$ 1,162,476	$ 1,295,535

7. Deferred revenue

	Balance Beginning of Year	Grants	Expenses	Balance End of Year
Choice and Opportunity Project	$ 1,092	$ -	$ 1,092	$ -
Capital Projects	31,965	-	31,965	-
Community Health Center	2,700	-	2,700	-
Diabetes Preventation	1,135	-	1,135	-
	$ 36,892	$ -	$ 36,892	$ -

8. Kings County Memorial Hospital Foundation Inc.

The Region has an economic beneficial interest in the Kings County Memorial Hospital Foundation Inc. The primary purpose of the Foundation is to raise funds for the benefit of the Kings County Memorial Hospital. As the Region does not exercise control or significant influence over the Foundation, its activities have not been consolidated within these financial statements except to the extent of actual contributions received during the year.

9. Revenue - Kings County Memorial Hospital

	2002	2001
General services - out patients		
Federal	$ 1,870	$ 1,650
Workers' Compensation Board	49,853	57,073
Non-residents	65,920	78,038
Uninsured services	9,610	8,880
General services - in patients		
Federal	14,175	-
Workers' Compensation Board	11,340	30,485
Non-residents	46,640	35,040
Differential charges	39,310	75,064
Other income		
Recoveries		
Dietary	24,480	27,208
Other	8,469	22,881
	$ 271,667	$ 336,319

10. Employment Pathways

Employment Pathways is a program designed to promote employability and employment maintenance for clients of the Southern Kings Health Region and the Eastern Kings Health Region. Southern Kings Health Region is the primary sponsor of the program with funding being provided by Human Resources Development Canada from the Labour Market Development Agreement - Employment Assistance Services fund. The contract for funding under this agreement is for the period of April 30, 2001 to April 26, 2002. Revenues and expenditures for the period ended March 31, 2002 are as follows.

Revenues	
Human Resources Development Canada	$ 158,168
Miscellaneous	2,213
	$ 160,381
Expenditures	
Administration	$ 17,378
Equipment	2,657
Materials, supplies, and services	8,767
Professional and contract services	16,833
Salaries and benefits	109,832
Travel and training	4,914
	$ 160,381

11. Other matters

The Region acts as an agent for the Province of Prince Edward Island for the collection of Riverview Manor resident fees. During the year $910,807 (2001 - $782,422) was collected from residents. The fees collected reduce the funding receivable from the Department of Health and Social Services. These collections are not reflected as revenue in these financial statements.

The Region currently has two legal claims pending. Any losses relating from these claims will be covered under the Province of Prince Edward Island's Self-Insurance and Risk Management Fund. As such, no liability has been accrued in these financial statements.

12. Subsequent events

On April 9, 2002, the Minister of Health and Social Services announced a restructuring plan for the Health and Social Services System. This restructuring includes the amalgamation of the Eastern Kings Health Region and the Southern Kings Health Region into one new health region to be known as the Kings Health Region. The effective date of the amalgamation has not yet been announced.

13. Comparative figures

Certain of the 2001 comparative figures have been reclassified to conform with the financial statement presentation adopted for 2002.

Southern Kings Health Region
Schedule of Expenses

Year Ended March 31

	2002	2001
Child and Family Services		
Administration	$ 20,004	$ 12,753
Equipment	1,914	10,401
Materials, supplies, and services	2,330	2,122
Professional and contract services	13,113	9,211
Salaries and benefits	1,343,422	1,138,645
Travel and training	49,938	47,104
Financial assistance - social services	3,355,245	3,235,377
	$ 4,785,966	$ 4,455,613
Community Health Center		
Administration	$ 33,004	$ 21,369
Equipment	4,041	11,540
Materials, supplies, and services	4,582	3,204
Salaries and benefits	1,040,997	897,805
Travel and training	26,965	21,080
	$ 1,109,589	$ 954,998
Home Care and Support		
Administration	$ 4,447	$ 6,105
Equipment	377	4,605
Materials, supplies, and services	1,275	1,799
Professional and contract services	19,608	16,548
Salaries and benefits	872,900	787,127
Travel and training	88,694	82,259
	$ 987,301	$ 898,443
Job Creation Program - Employment Enhancement Program		
Grants - wage assistance	$ 217,028	$ 207,563
Salaries and benefits	-	747
	$ 217,028	$ 208,310

Southern Kings Health Region
Schedule of Expenses

Year Ended March 31

	2002	2001
Seniors Housing		
Central		
Administration	$ 11,975	$ 4,691
Grants - home repair assistance	-	14,598
Materials, supplies, and services	10,454	18,248
Salaries and benefits	71,703	59,975
Travel and training	7,113	6,045
Properties		
Administration - property tax	56,636	53,594
Materials, supplies, and services	267,012	287,287
Professional and contract services	80,180	79,524
	$ 505,073	$ 523,962
Riverview Manor		
Administration	$ 31,454	$ 26,156
Equipment	4,870	34,959
Materials, supplies, and services	307,737	274,085
Professional and contract services	9,660	20,066
Salaries and benefits	2,190,217	2,076,519
Travel and training	3,755	5,240
	$ 2,547,693	$ 2,437,025
Kings County Memorial Hospital		
Administration	$ 56,714	$ 59,096
Building and equipment	198,621	99,872
Materials, supplies and services	742,619	735,637
Professional and contract services	44,343	40,430
Salaries and benefits	3,640,629	3,456,170
Travel and training	18,318	16,291
	$ 4,701,244	$ 4,407,496
Regional Services		
Administration	$ 89,091	$ 66,564
Equipment	17,049	74,142
Materials, supplies and services	12,993	9,970
Professional and contract services	53,139	63,133
Salaries and benefits	563,517	543,328
Travel and training	26,761	31,172
	$ 762,550	$ 788,309

"Make Choices Today for a Healthier Tomorrow"

8th Annual Report
2001-2002

Southern Kings Health

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